V2.0 11/08/05		**Tax Year 2005 Rhode Island Form RI-1040 & 1040H 2D Barcode Layout**			
Field ID	**RI Form Line Ref**	**Field Name**	**Max Size**	**Type**	**Edit and Instructions**
		HEADER SECTION			
1		Code and Header Version	2	AN	value =T1
2		Developer Code	4	N	assigned by NACTP
3		Software/form version	4	N	incremented if items included in barcode are changed, default ="0001"
		RI-1040 INFORMATION			
4		Tax Year	4	N	2005
5		Form Type	7	AN	RI1040R
6		Primary last name, no suffix	20	AN	
7		Primary First Name	14	AN	
8		Primary MI	1	AN	
9		Primary SSN	9	N	#########
10		Spouse Last Name	20	AN	
11		Spouse First Name	14	AN	
12		Spouse MI	1	AN	
13		Spouse SSN	9	N	#########
14		Address	35	AN	number, street, RR, or PO Box
15		City or Town	21	AN	
16		State	2	AN	
17		Zip + 4	9	AN	left justify
18		City or Town of Legal Residence	21	AN	
19		Electoral System Contribution **YES**	1	A	X if box checked, blank if not marked
20		Electoral Party specified	12	A	
21		Single	1	A	X if box checked, blank if not marked
22		Married Joint	1	A	X if box checked, blank if not marked
23		Married Separate	1	A	X if box checked, blank if not marked
24		Head of Household	1	A	X if box checked, blank if not marked
25		Qualifying Widow(er)	1	A	X if box checked, blank if not marked
26		RI Deduction Schedule	1	A	X if box checked, blank if not marked
27	1	Federal Adjusted Gross Income	9	N	
28	2	Net Modifications	9	N	
29	4	Federal deductions	9	N	
30	6	Federal Exemption amount	9	N	
31	6	Number of exemptions	2	N	
32	8	Tax Table	1	A	X if box checked, blank if not marked
33	8	RI Schedule CGW	1	A	X if box checked, blank if not marked
34	8	RI Schedule D	1	A	X if box checked, blank if not marked
35	8	RI Schedule J	1	A	X if box checked, blank if not marked
36	8	RI-8615	1	A	X if box checked, blank if not marked
37	8A	RI Tax Amount	9	N	
38	8B	Other RI Taxes	9	N	

39	9	RI Alt-Min Tax	9	N	
40	11A	Federal Credits Allowable	9	N	
41	13	RI tax after allowable credits	9	N	
42	11B	Other credit form number	4	AN	
43	11B	Other Credit Amount	9	N	
44	11B	Other credit form number	4	AN	
45	11B	Other Credit Amount	9	N	
46	11B	Other credit form number	4	AN	
47	11B	Other Credit Amount	9	N	
48	11B	Other credit form number	4	AN	
49	11B	Other Credit Amount	9	N	
50	11C	Credit for Income Tax Paid to Other State	9	N	
51	14	RI Sales & Use Tax	9	N	
52		**NULL**			
53		**NULL**			
54		**NULL**			
55		**NULL**			
56	16	RI Checkoff Contributions	9	N	
57	18A	RI Income Tax Withheld	9	N	
58	18B	Estimated from 1040ES & carryover from 04	9	N	
59		Extension attached indicator	1	AN	X if box checked, blank if not marked
60	18C	Property Tax relief	9	N	
61		**NULL**			
62		**NULL**			
63	18D	RI Earned Income Credit	9	N	
64	18E	Other payments	9	N	
65	19	2210 amount	9	N	
66	19	Balance Due	9	N	
67	20	Overpayment	9	N	
68	21	Refund amount	9	N	
69	22	Carry over to 2006	9	N	
		RI Schedule I			
70		Growth Act Modifications	1	AN	X if box checked, blank if not marked
71	23C	Total Increasing modifications	9	N	Should be Negative Number
72	24C	Total Downward modifications	9	N	
		RI Schedule II			
73	27	Foreign Tax Credit	9	N	
74	28	Child & Dependent Care Credit	9	N	
75	29	Credit for the Elderly	9	N	
76	30	Mortgage interest Credit	9	N	
77	31A	Federal Adoption Credit	9	N	
78	31B	Other Federal Credits	9	N	

		RI Schedule EIC			
79	43	Federal EIC	9	N	
80	36	AGI from other State	9	N	
81	40	Name of other state	2	AN	
82	40	amount of tax paid to other state	9	N	
		RI Schedule IV			
83	1	Drug Program account	9	N	
84	2	Olympic Yes	1	A	X if box checked, blank if not marked
85	2	Olympic No	1	A	X if box checked, blank if not marked
86	3	Organ Transplant	9	N	
87	4	Council on the Arts	9	N	
88	5	Non-Game wildlife	9	N	
89	6	Childhood Disease Victims Fund	9	N	
90	7	Military Family Relief Fund	9	N	
91	sigmature area	Forms needed next year	1	A	X if box checked, blank if not marked
92	sigmature area	Division Contact Preparer Yes	1	A	X if box checked, blank if not marked
93	sigmature area	Preparer SSN, PTIN or EIN	9	AN	left justify, no hyphens
		RI Schedule Capital Gain Worksheet			
94	line 2	amount of capital gains	9	N	
95	line 4	tax on the amount on line 3	9	N	
		RI Schedule D			
96	2	Federal schedule D	9	N	
97	3	federal form 4952 line 4g	9	N	
98	5	combine federal schedule D and line 7	9	N	
99	6	federal schedule D line 18	9	N	
100	7	federal shedule D line 19	9	N	
101	10	subtract line 9 from line 1	9	N	
102	17	multiply line 16 by 2.50% (.02)	9	N	
103	19	enter the amount of line 16	9	N	if line 16 is blank, enter zero
		RI Schedule OT			
104	9	Form 4972 line 30	9	N	
105	10	Form 8814 line 9	9	N	
106	15	Form 8615 line 18 from Federal	9	N	
107	11	Recapture of federal credits	9	N	
		RI Alternative Minium Tax			
108	1	Form 6251 line 28	9	N	
109	2	Exemption	9	N	
110	5	Alt-Min foreign tax credit (federal 6251 line 32)	9	N	
111	14	RI Alt-Min Tax	9	N	
112	16	Amt from RI Sch D line 9	9	N	
113	17	Amt from RI Sch D line 7	9	N	
114	18B	Amt from RI Sch D line 4	9	N	

115	22	Amt from RI Sch D line 16	9	N	
116	32	smaller of line 30 or 31	9	N	
		RI Schedule J Averaging			
117	11	Schedule J line 3	9	N	
118		RI Tax on RI sch J line 1	9	N	
119	13	Schedule J line 8	9	N	
120	14	Schedule J line 12	9	N	
121	15	Schedule J line 16	9	N	
122	19	Schedule J line 21	9	N	
		Exemption Worksheet (pg I-8)			
123	8	enter the child's credit Federal AMT	9	N	
124	10	smaller of line 6 or 9	9	N	
		RI 1040-H Property Tax Relief			
125	A	legal resident flag yes	1	A	X if box checked, blank if not marked
126	**A**	legal resident flag NO	1	A	X if box checked, blank if not marked
127	**B**	Rent Flag YES	1	A	X if box checked, blank if not marked
128	B	Rent Flag NO	1	A	X if box checked, blank if not marked
129	C	Prior year Current YES	1	A	X if box checked, blank if not marked
130	C	Prior year Current NO	1	A	X if box checked, blank if not marked
131	D	Current Year Current YES	1	A	X if box checked, blank if not marked
132	D	Current Year Current NO	1	A	X if box checked, blank if not marked
133	E	Household Income YES	1	A	X if box checked, blank if not marked
134	E	Household Income NO	1	A	X if box checked, blank if not marked
135	2	Non-Taxable Interest & Dividends	9	N	
136	3	Capital Gains not included in line 1	9	N	
137	4	Social Security and RR retirment	9	N	
138	5	Workers Comp and tax exempt pensions	9	N	
139	6	Cash public assistance	9	N	
140	7	Other non-taxable income	9	N	
141	9A	Primary date of birth	8	N	mmddyyyy
142	9B	Spouse date of birth	8	N	mmddyyyy
143	9C	Disability switch - YES	1	AN	X if box checked, blank if not marked
144	9C	Disability switch - NO	1	AN	X if box checked, blank if not marked
145	9D	Number of persons in household	1	N	
146	10	Amount of property tax paid	9	N	
147	16	Amount of rent paid	9	N	
		Schedule III, Allocation Worksheet			
148		**NULL**			
149		**NULL**			
150		**NULL**			
		Schedule V, Part Year Resident Allocation			
151		**NULL**			

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152		NULL			
153		NULL			
154		NULL			
155		NULL			
156		NULL			
		RI-6238 Lead Abatement Credit			
157	2	Unit 1 Owner Occupant	1	AN	X if box checked, blank if not marked
158	2	Unit 1 Renter	1	AN	X if box checked, blank if not marked
159	2	Unit 1 Landlord	1	AN	X if box checked, blank if not marked
160	3	Unit 1 Removal	1	AN	X if box checked, blank if not marked
161	3	Unit 1 Reduction	1	AN	X if box checked, blank if not marked
162	4	Unit 1 Cost Incurred	9	N	
163	6	Unit 1 Maximum Credit	9	N	
164	2	Unit 2 Owner Occupant	1	AN	X if box checked, blank if not marked
165	2	Unit 2 Renter	1	AN	X if box checked, blank if not marked
166	2	Unit 2 Landlord	1	AN	X if box checked, blank if not marked
167	3	Unit 2 Removal	1	AN	X if box checked, blank if not marked
168	3	Unit 2 Reduction	1	AN	X if box checked, blank if not marked
169	4	Unit w Cost Incurred	9	N	
170	6	Unit 2 Maximum Credit	9	N	
171	2	Unit 3 Owner Occupant	1	AN	X if box checked, blank if not marked
172	2	Unit 3 Renter	1	AN	X if box checked, blank if not marked
173	2	Unit 3 Landlord	1	AN	X if box checked, blank if not marked
174	3	Unit 3 Removal	1	AN	X if box checked, blank if not marked
175	3	Unit 3 Reduction	1	AN	X if box checked, blank if not marked
176	4	Unit 3 Cost Incurred	9	N	
177	6	Unit 3 Maximum Credit	9	N	
178	7	Total Credit	9	N	
		W-2 information (10 occurances)			
179	1st W-2	Employer ID	9	N	######### (9)
180	1st W-2	Employer Name	35	AN	Text
181	1st W-2	Employer Address	35	AN	Number/text (separate lines with commas)
182	1st W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
183	1st W-2	Employee SSN (no punctuation)	9	N	######### (9)
184	1st W-2	Employee Name	35	AN	Text
185	1st W-2	Name of state 1 withholding	2	AN	Two letter state code
186	1st W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
187	1st W-2	Name of locality 1 withholding	10	AN	Text
188	1st W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
189	1st W-2	Name of state 2 withholding	2	AN	Two letter state code
190	1st W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
191	1st W-2	Name of locality 2 withholding	10	AN	Text

192	1st W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
193	2nd W-2	Employer ID	9	N	######### (9)
194	2nd W-2	Employer Name	35	AN	Text
195	2nd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
196	2nd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
197	2nd W-2	Employee SSN (no punctuation)	9	N	######### (9)
198	2nd W-2	Employee Name	35	AN	Text
199	2nd W-2	Name of state 1 withholding	2	AN	Two letter state code
200	2nd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
201	2nd W-2	Name of locality 1 withholding	10	AN	Text
202	2nd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
203	2nd W-2	Name of state 2 withholding	2	AN	Two letter state code
204	2nd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
205	2nd W-2	Name of locality 2 withholding	10	AN	Text
206	2nd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
207	3rd W-2	Employer ID	9	N	######### (9)
208	3rd W-2	Employer Name	35	AN	Text
209	3rd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
210	3rd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
211	3rd W-2	Employee SSN (no punctuation)	9	N	######### (9)
212	3rd W-2	Employee Name	35	AN	Text
213	3rd W-2	Name of state 1 withholding	2	AN	Two letter state code
214	3rd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
215	3rd W-2	Name of locality 1 withholding	10	AN	Text
216	3rd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
217	3rd W-2	Name of state 2 withholding	2	AN	Two letter state code
218	3rd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
219	3rd W-2	Name of locality 2 withholding	10	AN	Text
220	3rd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
221	4th W-2	Employer ID	9	N	######### (9)
222	4th W-2	Employer Name	35	AN	Text
223	4th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
224	4th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
225	4th W-2	Employee SSN (no punctuation)	9	N	######### (9)
226	4th W-2	Employee Name	35	AN	Text
227	4th W-2	Name of state 1 withholding	2	AN	Two letter state code
228	4th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
229	4th W-2	Name of locality 1 withholding	10	AN	Text
230	4th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
231	4th W-2	Name of state 2 withholding	2	AN	Two letter state code
232	4th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
233	4th W-2	Name of locality 2 withholding	10	AN	Text

234	4th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
235	5th W-2	Employer ID	9	N	######### (9)
236	5th W-2	Employer Name	35	AN	Text
237	5th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
238	5th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
239	5th W-2	Employee SSN (no punctuation)	9	N	######### (9)
240	5th W-2	Employee Name	35	AN	Text
241	5th W-2	Name of state 1 withholding	2	AN	Two letter state code
242	5th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
243	5th W-2	Name of locality 1 withholding	10	AN	Text
244	5th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
245	5th W-2	Name of state 2 withholding	2	AN	Two letter state code
246	5th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
247	5th W-2	Name of locality 2 withholding	10	AN	Text
248	5th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
249	6th W-2	Employer ID	9	N	######### (9)
250	6th W-2	Employer Name	35	AN	Text
251	6th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
252	6th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
253	6th W-2	Employee SSN (no punctuation)	9	N	######### (9)
254	6th W-2	Employee Name	35	AN	Text
255	6th W-2	Name of state 1 withholding	2	AN	Two letter state code
256	6th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
257	6th W-2	Name of locality 1 withholding	10	AN	Text
258	6th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
259	6th W-2	Name of state 2 withholding	2	AN	Two letter state code
260	6th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
261	6th W-2	Name of locality 2 withholding	10	AN	Text
262	6th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
263	7th W-2	Employer ID	9	N	######### (9)
264	7th W-2	Employer Name	35	AN	Text
265	7th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
266	7th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
267	7th W-2	Employee SSN (no punctuation)	9	N	######### (9)
268	7th W-2	Employee Name	35	AN	Text
269	7th W-2	Name of state 1 withholding	2	AN	Two letter state code
270	7th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
271	7th W-2	Name of locality 1 withholding	10	AN	Text
272	7th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
273	7th W-2	Name of state 2 withholding	2	AN	Two letter state code
274	7th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
275	7th W-2	Name of locality 2 withholding	10	AN	Text

276	7th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal	
277	8th W-2	Employer ID	9	N	######### (9)	
278	8th W-2	Employer Name	35	AN	Text	
279	8th W-2	Employer Address	35	AN	Number/text (separate lines with commas)	
280	8th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal	
281	8th W-2	Employee SSN (no punctuation)	9	N	######### (9)	
282	8th W-2	Employee Name	35	AN	Text	
283	8th W-2	Name of state 1 withholding	2	AN	Two letter state code	
284	8th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal	
285	8th W-2	Name of locality 1 withholding	10	AN	Text	
286	8th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal	
287	8th W-2	Name of state 2 withholding	2	AN	Two letter state code	
288	8th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal	
289	8th W-2	Name of locality 2 withholding	10	AN	Text	
290	8th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal	
291	9th W-2	Employer ID	9	N	######### (9)	
292	9th W-2	Employer Name	35	AN	Text	
293	9th W-2	Employer Address	35	AN	Number/text (separate lines with commas)	
294	9th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal	
295	9th W-2	Employee SSN (no punctuation)	9	N	######### (9)	
296	9th W-2	Employee Name	35	AN	Text	
297	9th W-2	Name of state 1 withholding	2	AN	Two letter state code	
298	9th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal	
299	9th W-2	Name of locality 1 withholding	10	AN	Text	
300	9th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal	
301	9th W-2	Name of state 2 withholding	2	AN	Two letter state code	
302	9th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal	
303	9th W-2	Name of locality 2 withholding	10	AN	Text	
304	9th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal	
305	10th W-2	Employer ID	9	N	######### (9)	
306	10th W-2	Employer Name	35	AN	Text	
307	10th W-2	Employer Address	35	AN	Number/text (separate lines with commas)	
308	10th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal	
309	10th W-2	Employee SSN (no punctuation)	9	N	######### (9)	
310	10th W-2	Employee Name	35	AN	Text	
311	10th W-2	Name of state 1 withholding	2	AN	Two letter state code	
312	10th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal	
313	10th W-2	Name of locality 1 withholding	10	AN	Text	
314	10th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal	
315	10th W-2	Name of state 2 withholding	2	AN	Two letter state code	
316	10th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal	
317	10th W-2	Name of locality 2 withholding	10	AN	Text	

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318	10th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
319	Trailer		5	AN	value = "*EOD*"

		Tax Year 2005 Rhode Island Form RI-1040NR 2D Barcode Layout			

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Tax Year 2005 Rhode Island Form RI-1040NR 2D Barcode Layout

Field ID	RI Form Line Ref	Field Name	Max Size	Type	Edit and Instructions
		HEADER SECTION			
1		Code and Header Version	2	AN	value =T1
2		Developer Code	4	N	assigned by NACTP
3		Software/form version	4	N	incremented if items included in barcode are changed, default ="0001"
		RI-1040NR INFORMTATION			
4		Tax Year	4	N	2005
5		Form Type	7	AN	RI1040NR
6		Primary last name, no suffix	20	AN	
7		Primary First Name	14	AN	
8		Primary MI	1	AN	
9		Primary SSN	9	N	#########
10		Spouse Last Name	20	AN	
11		Spouse First Name	14	AN	
12		Spouse MI	1	AN	
13		Spouse SSN	9	N	#########
14		Address	35	AN	number, street, RR, or PO Box
15		City or Town	21	AN	
16		State	2	AN	
17		Zip + 4	9	AN	left justify
18		City or Town of Legal Residence	21	AN	
19		Electoral System Contribution **YES**	1	A	X if box checked, blank if not marked
20		Electoral Party specified	12	A	
21		Single	1	A	X if box checked, blank if not marked
22		Married Joint	1	A	X if box checked, blank if not marked
23		Married Separate	1	A	X if box checked, blank if not marked
24		Head of Household	1	A	X if box checked, blank if not marked
25		Qualifying Widow(er)	1	A	X if box checked, blank if not marked
26		RI Deduction Schedule	1	A	X if box checked, blank if not marked
27	1	Federal Adjusted Gross Income	9	N	
28	2	Modifications	9	N	
29	4	Federal deductions	9	N	
30	6	Federal Exemption amount	9	N	
31	6	number of exemptions	2	N	
32	8	Tax Table	1	A	X if box checked, blank if not marked
33	8	RI Schedule CGW	1	A	X if box checked, blank if not marked
34	8	RI Schedule D	1	A	X if box checked, blank if not marked
35	8	RI Schedule J	1	A	X if box checked, blank if not marked
36	8	RI-8615	1	A	X if box checked, blank if not marked
37	8A	RI Tax Amount	9	N	
38	8B	Other RI Taxes	9	N	

39	9	RI Alt-Min Tax	9	N	
40	11	Federal Credits Allowable	9	N	
41	12	RI tax after allowable Federal Credits	9	N	
42	14	Other credit form number	4	AN	
43	14	Other Credit Amount	9	N	
44	14	Other credit form number	4	AN	
45	14	Other Credit Amount	9	N	
46	14	Other credit form number	4	AN	
47	14	Other Credit Amount	9	N	
48	14	Other credit form number	4	AN	
49	14	Other Credit Amount	9	N	
50		**NULL**			
51		**NULL**			
52	13	Allocated Income Tax	9	N	
53	13	All income from RI	1	A	X if box checked, blank if not marked
54	13	Non-Resident with income outside RI	1	A	X if box checked, blank if not marked
55	13	Part Year Resident with income from outside	1	A	X if box checked, blank if not marked
56	16	RI Checkoff Contributions	9	N	
57	18A	RI Income Tax Withheld	9	N	
58	18B	Estimated from 1040ES & carryover from 04	9	N	
59		Extension attached indicator	1	AN	X if box checked, blank if not marked
60		**NULL**			
61	18C	Non-Resident withhlding on real estate	9	N	
62	18D	Nonresident withholding for pass through entities	9	N	
63	18E	RI Earned Income Credit	9	N	
64	18F	Other Payments	9	N	
65	19	2210 amount	9	N	
66	19	Balance Due	9	N	
67	20	Overpayment	9	N	
68	21	Refund amount	9	N	
69	22	Carry over to 2006	9	N	
		RI Schedule I			
70		Growth Act Modifications	1	AN	X if box checked, blank if not marked
71	23C	Total Increasing modifications	9	N	Should be Negative Number
72	24C	Total Decresing modifications	9	N	
		RI Schedule II			
73	27	Foreign Tax Credit	9	N	
74	28	Child & Dependent Care Credit	9	N	
75	29	Credit for the Elderly	9	N	
76	30	Mortgage interest credit	9	N	
77	31A	Federal Adoption Credit	9	N	
78	31B	Other Federal Credits	9	N	

		RI Schedule EIC				
79		NULL				
80		NULL				
81		NULL				
82		NULL				
		RI Schedule IV				
83	1	Drug Program account	9	N	
84	2	Olympic Yes	1	A	X if box checked, blank if not marked
85	2	Olympic No	1	A	X if box checked, blank if not marked
86	3	Organ Transplant	9	N	
87	4	Council on the Arts	9	N	
88	5	Non-Game wildlife	9	N	
89	6	Childhood Disease Victims Fund	9	N	
90	7	Military Family Relief Fund	9	N	
91	sigmature area	Forms needed next year	1	A	X if box checked, blank if not marked
92	sigmature area	Division Contact Preparer Yes	1	A	X if box checked, blank if not marked
93	sigmature area	Preparer SSN, PTIN or EIN	9	AN	left justify, no hyphens
		RI Schedule Capital Gain Worksheet	9		
94	line 2	amount of capital gains	9	N	
95	line 4	tax on the amount on line 3	9	N	
		RI SCHEDULE D	9		
96	line 2	Federal schedule D	9	N	
97	line 3	federal form 4952 line 4g	9	N	
98	line 5	combine federal schedule D and line 7	9	N	
99	line 6	federal schedule D line 18	9	N	
100	line 7	federal shedule D line 19	9	N	
101	line 10	subtract line 9 from line 1	9	N	
102	line 17	multiply line 16 by 2.50% (.02)	9	N	
103	line 19	enter the amount of line 16	9	N	if line 16 is blank, enter zero
		RI Schedule OT			
104	14	Form 4972 line 30	9	N	
105	15	Form 8814 line 9	9	N	
106	20	Form 8615 line 18	9	N	
107	12	Recapture of federal credits	9	N	
		RI Alternative Minium Tax			
108	1	Form 6251 line 28	9	N	
109	2	Exemption	9	N	
110	5	Alt-Min foreign tax credit (federal 6251 line 32)	9	N	
111	14	RI Alt-Min Tax	9	N	
112	16	Amt from RI Sch D line 9	9	N	
113	17	Amt from RI Sch D line 7	9	N	
114	18B	Amt from RI Sch D line 4	9	N	

115	22	Amt from RI Sch D line 16	9	N	
116	36	smaller of line 34 or 35	9	N	
		RI Schedule J Averaging			
117	11	Schedule J line 3	9	N	
118		RI Tax on RI sch J line 1	9	N	
119	13	Schedule J line 8	9	N	
120	14	Schedule J line 12	9	N	
121	15	Schedule J line 16	9	N	
122	19	Schedule J line 21	9	N	
		Exemption Worksheet (pg I-8)			
123	8	enter the child's credit Federal AMT	9	N	
124	10	smaller of line 6 or 9	9	N	
		RI 1040-H Property Tax Relief			
125		**NULL**			
126		**NULL**			
127		**NULL**			
128		**NULL**			
129		**NULL**			
130		**NULL**			
131		**NULL**			
132		**NULL**			
133		**NULL**			
134		**NULL**			
135		**NULL**			
136		**NULL**			
137		**NULL**			
138		**NULL**			
139		**NULL**			
140		**NULL**			
141		**NULL**			
142		**NULL**			
143		**NULL**			
144		**NULL**			
145		**NULL**			
146		**NULL**			
147		**NULL**			
		Schedule III, Allocation Worksheet			
148		Allocated AGI, RI	9	N	
149		Allocated AGI, Federal	9	N	
150		Allocation	6	N	percentage -- 4 positions after decimal, leading zero
		Schedule V, Part Year Resident Allocation			
151	line 13 pg 11	Allocated RI income for part year residents	9	N	
152	line 14 pg 11	Allocation	6	N	percentage -- 4 positions after decimal, leading zero

153	line 18 pg12	income taxed in other jurisdication	9	N	
154	line 22 pg 12	name of state paid	2	A	
155	line 22 pg 12	amount of tax due and paid to other state	9	N	
156	line 25pg 12	AGI from other state	9	N	
		RI-6238 Lead Abatement Credit			
157	2	Unit 1 Owner Occupant	1	AN	X if box checked, blank if not marked
158	2	Unit 1 Renter	1	AN	X if box checked, blank if not marked
159	2	Unit 1 Landlord	1	AN	X if box checked, blank if not marked
160	3	Unit 1 Removal	1	AN	X if box checked, blank if not marked
161	3	Unit 1 Reduction	1	AN	X if box checked, blank if not marked
162	4	Unit 1 Cost Incurred	9	N	
163	6	Unit 1 Maximum Credit	9	N	
164	2	Unit 2 Owner Occupant	1	AN	X if box checked, blank if not marked
165	2	Unit 2 Renter	1	AN	X if box checked, blank if not marked
166	2	Unit 2 Landlord	1	AN	X if box checked, blank if not marked
167	3	Unit 2 Removal	1	AN	X if box checked, blank if not marked
168	3	Unit 2 Reduction	1	AN	X if box checked, blank if not marked
169	4	Unit w Cost Incurred	9	N	
170	6	Unit 2 Maximum Credit	9	N	
171	2	Unit 3 Owner Occupant	1	AN	X if box checked, blank if not marked
172	2	Unit 3 Renter	1	AN	X if box checked, blank if not marked
173	2	Unit 3 Landlord	1	AN	X if box checked, blank if not marked
174	3	Unit 3 Removal	1	AN	X if box checked, blank if not marked
175	3	Unit 3 Reduction	1	AN	X if box checked, blank if not marked
176	4	Unit 3 Cost Incurred	9	N	
177	6	Unit 3 Maximum Credit	9	N	
178	7	Total Credit	9	N	
		W-2 information (10 occurances)			
179	1st W-2	Employer ID	9	N	######### (9)
180	1st W-2	Employer Name	35	AN	Text
181	1st W-2	Employer Address	35	AN	Number/text (separate lines with commas)
182	1st W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
183	1st W-2	Employee SSN (no punctuation)	9	N	######### (9)
184	1st W-2	Employee Name	35	AN	Text
185	1st W-2	Name of state 1 withholding	2	AN	Two letter state code
186	1st W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
187	1st W-2	Name of locality 1 withholding	10	AN	Text
188	1st W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
189	1st W-2	Name of state 2 withholding	2	AN	Two letter state code
190	1st W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
191	1st W-2	Name of locality 2 withholding	10	AN	Text
192	1st W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

193	2nd W-2	Employer ID	9	N	######### (9)
194	2nd W-2	Employer Name	35	AN	Text
195	2nd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
196	2nd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
197	2nd W-2	Employee SSN (no punctuation)	9	N	######### (9)
198	2nd W-2	Employee Name	35	AN	Text
199	2nd W-2	Name of state 1 withholding	2	AN	Two letter state code
200	2nd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
201	2nd W-2	Name of locality 1 withholding	10	AN	Text
202	2nd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
203	2nd W-2	Name of state 2 withholding	2	AN	Two letter state code
204	2nd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
205	2nd W-2	Name of locality 2 withholding	10	AN	Text
206	2nd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
207	3rd W-2	Employer ID	9	N	######### (9)
208	3rd W-2	Employer Name	35	AN	Text
209	3rd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
210	3rd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
211	3rd W-2	Employee SSN (no punctuation)	9	N	######### (9)
212	3rd W-2	Employee Name	35	AN	Text
213	3rd W-2	Name of state 1 withholding	2	AN	Two letter state code
214	3rd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
215	3rd W-2	Name of locality 1 withholding	10	AN	Text
216	3rd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
217	3rd W-2	Name of state 2 withholding	2	AN	Two letter state code
218	3rd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
219	3rd W-2	Name of locality 2 withholding	10	AN	Text
220	3rd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
221	4th W-2	Employer ID	9	N	######### (9)
222	4th W-2	Employer Name	35	AN	Text
223	4th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
224	4th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
225	4th W-2	Employee SSN (no punctuation)	9	N	######### (9)
226	4th W-2	Employee Name	35	AN	Text
227	4th W-2	Name of state 1 withholding	2	AN	Two letter state code
228	4th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
229	4th W-2	Name of locality 1 withholding	10	AN	Text
230	4th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
231	4th W-2	Name of state 2 withholding	2	AN	Two letter state code
232	4th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
233	4th W-2	Name of locality 2 withholding	10	AN	Text
234	4th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

235	5th W-2	Employer ID	9	N	######### (9)
236	5th W-2	Employer Name	35	AN	Text
237	5th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
238	5th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
239	5th W-2	Employee SSN (no punctuation)	9	N	######### (9)
240	5th W-2	Employee Name	35	AN	Text
241	5th W-2	Name of state 1 withholding	2	AN	Two letter state code
242	5th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
243	5th W-2	Name of locality 1 withholding	10	AN	Text
244	5th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
245	5th W-2	Name of state 2 withholding	2	AN	Two letter state code
246	5th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
247	5th W-2	Name of locality 2 withholding	10	AN	Text
248	5th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
249	6th W-2	Employer ID	9	N	######### (9)
250	6th W-2	Employer Name	35	AN	Text
251	6th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
252	6th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
253	6th W-2	Employee SSN (no punctuation)	9	N	######### (9)
254	6th W-2	Employee Name	35	AN	Text
255	6th W-2	Name of state 1 withholding	2	AN	Two letter state code
256	6th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
257	6th W-2	Name of locality 1 withholding	10	AN	Text
258	6th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
259	6th W-2	Name of state 2 withholding	2	AN	Two letter state code
260	6th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
261	6th W-2	Name of locality 2 withholding	10	AN	Text
262	6th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
263	7th W-2	Employer ID	9	N	######### (9)
264	7th W-2	Employer Name	35	AN	Text
265	7th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
266	7th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
267	7th W-2	Employee SSN (no punctuation)	9	N	######### (9)
268	7th W-2	Employee Name	35	AN	Text
269	7th W-2	Name of state 1 withholding	2	AN	Two letter state code
270	7th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
271	7th W-2	Name of locality 1 withholding	10	AN	Text
272	7th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
273	7th W-2	Name of state 2 withholding	2	AN	Two letter state code
274	7th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
275	7th W-2	Name of locality 2 withholding	10	AN	Text
276	7th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

277	8th W-2	Employer ID	9	N	######### (9)
278	8th W-2	Employer Name	35	AN	Text
279	8th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
280	8th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
281	8th W-2	Employee SSN (no punctuation)	9	N	######### (9)
282	8th W-2	Employee Name	35	AN	Text
283	8th W-2	Name of state 1 withholding	2	AN	Two letter state code
284	8th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
285	8th W-2	Name of locality 1 withholding	10	AN	Text
286	8th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
287	8th W-2	Name of state 2 withholding	2	AN	Two letter state code
288	8th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
289	8th W-2	Name of locality 2 withholding	10	AN	Text
290	8th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
291	9th W-2	Employer ID	9	N	######### (9)
292	9th W-2	Employer Name	35	AN	Text
293	9th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
294	9th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
295	9th W-2	Employee SSN (no punctuation)	9	N	######### (9)
296	9th W-2	Employee Name	35	AN	Text
297	9th W-2	Name of state 1 withholding	2	AN	Two letter state code
298	9th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
299	9th W-2	Name of locality 1 withholding	10	AN	Text
300	9th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
301	9th W-2	Name of state 2 withholding	2	AN	Two letter state code
302	9th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
303	9th W-2	Name of locality 2 withholding	10	AN	Text
304	9th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
305	10th W-2	Employer ID	9	N	######### (9)
306	10th W-2	Employer Name	35	AN	Text
307	10th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
308	10th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
309	10th W-2	Employee SSN (no punctuation)	9	N	######### (9)
310	10th W-2	Employee Name	35	AN	Text
311	10th W-2	Name of state 1 withholding	2	AN	Two letter state code
312	10th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
313	10th W-2	Name of locality 1 withholding	10	AN	Text
314	10th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
315	10th W-2	Name of state 2 withholding	2	AN	Two letter state code
316	10th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
317	10th W-2	Name of locality 2 withholding	10	AN	Text
318	10th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal